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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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FEB 1 4 2008

MAINE ETHICS COMMISSION

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A-1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

LEGISLATOR INFORMATION									
Name					Men	ber of:			
Roberta M. Mu	<u>se</u>	•			p ⊦	łouse		Senate	
Mailing address	The state of the s		49- 411.	······	Distr	ict	**************************************	-	
35 Warren St						# 97			
City, zip code	North Assessment (North Assessment (North Assessment (North Assessment (North Assessment (North Assessment (No			in the state of th	Phoi	76			
Fryeling, mE	040	カラテ		·	207	- 935	<u> -3</u>	278	
PART 1. INCOM	E DERIVED	FROM EI	MPLOYMI	ENT BY AN	OTHER				
List the name and address of each employ principal type of economic activity of each er	yer from who mployer.	om you re	eceived co	mpensatio	n of \$1,0	000 or mo	ore. S	pecify the	
Name of Employer	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Ad	dress		v jely (P	rincipal Typ Activity o			
Fryeling Academy	7457	main	St.,		te	acher	J	The state of the s	
	Fryel State	ing,	ME	04037					
State of maine	State	You	se Stai	402	L.	oanst.	- LA		
	augu	ta, >	nE Dy	<i>733</i> 3	legislador				
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	* * * * * * * * * * * * * * * * * * *	٠			***	•			
A. List the name and address of your bus	r Legislators siness, if any	who are s	elf-emplo the majo	yed.) r areas of	economi	c activity	from v	which you	
derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.									
Name and Address of Business Entity			eas of Ecor (self)	omic Activity	'	rtnership, as	ctivity	n or similar	
Name:	·								
Address:		ey.v	all strand or some management of the source						
Name:									
Address:									
							·		

PART 2 (continued). INCOME DERIVED FROM SELF-EMP (For Legislators who are self-employed.)	LOYMENT
B. List each source of income derived from self-employment that represents more than 10% of y is greater, and specify the principal type of economic activity of the entity or person from whom y disclosure is prohibited by law, rule, or an established code of professional ethics, specify only t the entity or person from whom the income was derived.	ou derived such income. If this form of the principal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	(
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of	The second secon
Name and Address of Firm Major Areas of (self)	Practice Major Areas of Practice (firm)
Name:	
Address:	
Name:	
Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not inc	clude gifts. If none, check the box.
LJ None Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Alden R. Mendles Address: 43 Owford St, Frylhing ME 0437	rental
Name: Smith Barney & Billwands Address: Portland, ME Portland, ME	investments
PART 5. REPORTABLE LIABILITIES	The proof of the process of the proof of the
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during areas of economic activity of each creditor. Do not list loans from a relative. If none, check the based on the control of the control	
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	!
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of r none, check the box	nore than \$300 from a single source. If
Ď None	
Name of Source of Gift Name 1. 3.	e of Source of Gift
2. 4.	te appropriate some some some som at the first to the source of the sour

			THE BOOK OF THE SECTION OF THE SECTI	e a singular				
List the source of any honoraria acconted for approximates at an each	<u></u>		i lua ba wa la mem.					
List the source of any honoraria accepted for appearances or speech	es related to y	your on	icial duties. II	none, check t	ne box.			
None Name of Source of Honoraria	Literature en entregationement de Alexande.			a made by the same and the same	Ski gargi iz ever e e e e e e e e e e e e e e e e e			
Name of Source of Honoraria	error a samataga saka kin artawa		ame of Sourc	e of Honoraria	r garages and the second secon			
1.	3.	Olividi aki ka amana aasaan sa ang say	error ()					
2.	4.				MANAGEMENT (MANAGEMENT AND			
PART 8. REPRESENTATION E				. 1				
List each executive branch agency before which you represented or the box.	assisted other	ers for o	compensation	of any amour	nt. If none, check			
None		ACC.	Em		ON MANAGEMBA MANAGEMBAN SAN SAN SAN SAN SAN SAN SAN SAN SAN S			
Name of Agency		1 4	Name of	Agency	erregistration of the second contract of the			
1.	3.							
2.	4.		MOVE OF STREET, PETE STREET, S	2				
PART 9. BUSINESS WIT	TH STATE A	GENC	IES = 3		99 A Cours 1 2 A C			
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.				ervices with a v	value in excess of			
None :	THE CONTRACTOR OF THE CONTRACT			755	· · · · · · · · · · · · · · · · · · ·			
Name of Agency		re o	Name of	Agency				
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2.	4.		Similar seederina (1997) de seede en s		* 9*			
PART 10. INCOME RECEIVED BY MI	EMBERS O	F MM	EDIATE FA	MIIY				
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.								
Type of Economic Activity Representing Source of Income Receive	Cir ed appro let	priate	in the second se	Kind of Inco	ne			
1.	S	D	South Carlotte and a Marine management of the con-	international and the second s	tatan ka dhaddiini - waxayaran ka saasaa dhaa			
2.	S	D	The state of the s	A A A A A A A A A A A A A A A A A A A				
3.	S	D	Security and a security of the					
4.	S	D	No commence final and an extension of the contract of the cont	And the second s	Allowania and the reservoir of the same of sam			
SIGNAT	URE 1							

A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Roberta M. muse

Jehruary 14, 2008

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Please provide information you	any additional are providing.	information be	low (and on	additional	sheets	if needed).	Indicate th	e part or	section	number for the
Part/Section Number		es en el la companion de la co	- 12-12 (1997) (24 TR	in sylving and annual services	A STATE OF S	A. A		, , , , , , , , , , , , , , , , , , ,	And the second s
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